

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 15 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27108
7344

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. City Hospital)

File No.....
Registered No.....
St. Ward)

2. FULL NAME

(a) Residence, No. 1914 S. Wharf St., 23 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE abt 77	YEARS ✓	MONTHS ✓
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
13. NAME H. F. VOWEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT Harold W. Schulz (ADDRESS) Coroner's Office
18. BURIAL, CREMATION, OR REMOVAL PLACEMENT Tollers Field DATE 7-24, 1934
19. UNDERTAKER (ADDRESS) Deets Bros. 3029 Lafayette Ave
20. FILED 1934 J. H. Schreck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25, 1934
22. I HEREBY CERTIFY, That I attended deceased from, 19....., to 19..... I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows: Date of onset Chronic Myocarditis 93C Other contributory causes of importance 93C Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Harold W. Schulz (Address) Coroner's Office

